

**CHILD CARE CENTER
HIGH HARM AREAS**

Date: _____ Start Time: _____ End Time: _____ Type of Survey: _____

Facility Name: _____ Phone Number: _____

Address: _____ Capacity: _____

Director's Name: _____

Notes: _____

/	#	R430-100-	KEY WORDS	NOTES
<i>INFANT/TODDLER AREA - OBSERVATION</i>				
	10	7(1)	direct supervision	
	10	7(2)	meet needs of children	
	10	25(13)	infant sleeping equipment:	
	10	25(13)(a)	1 infant per piece of equipment	
	10	25(13)(c)	no mats or cots for infants	
<i>INFANT/TODDLER AREA - POTENTIAL QUESTIONS THAT MAY BE ASKED OF STAFF</i>				
	10	25(13)(b)	How do you lay an infant down to sleep?	

/	#	R430-100-	KEY WORDS	NOTES
CHILDREN INDOOR AREA - OBSERVATION				
	10	7(1)	direct supervision	
	10	7(2)	meet needs of children	
	10	9(1)	Ratio Ages Group Size 1:4 0-12 mo 8 1:4 13-24 mo 8 1:7 2 yr 14 1:12 3 yr 24 1:15 4 yr 30 1:20 5+ yr 30	
	10	9(3)	Ratio Ages Group Size <u>2 Ages Mixed</u> 1:4 infants, toddlers 8 1:5 toddlers, 2s 10 1:9 2s, 3s 18 1:14 3s, 4s 25 1:18 4s, 5+s 25 <u>3 Ages Mixed</u> 1:7 toddlers, 2s, 3s 14 1:11 2s, 3s, 4s 22 1:16 3s, 4s, 5+s 25 <u>4 Ages Mixed</u> 1:9 toddlers, 2s, 3s, 4s 18 1:13 2s, 3s, 4s, 5+s 25	
	10	9(3)(b)	mixed age group with 50% younger age	
	10	16(7)	portable space heaters, fireplaces and wood burning stoves	
CHILDREN INDOOR AREA - POTENTIAL QUESTIONS THAT MAY BE ASKED OF STAFF				
	10	18(6)(e)	Are you aware of any children with allergies or food sensitivities?	
CHEMICALS - OBSERVATION				
	10	16(6)	not accessible proper containers	
KITCHEN - OBSERVATION				
	10	18(6)(e)	post list of allergies and sensitivities	
MEDICATION - OBSERVATION				
	10	13(5)	secured from access to children	
MEDICATION - POTENTIAL QUESTIONS THAT MAY BE ASKED OF STAFF				
	10	13(4)	What would you do if a child had an adverse reaction to a medication or you made an error in the administration of a medication?	

/	#	R430-100-	KEY WORDS	NOTES
<i>ANIMALS - OBSERVATION</i>				
	10	19(4)	not dangerous or aggressive	
<i>VEHICLES - OBSERVATION</i>				
	10	20(3)(c)	safety restraints	
<i>VEHICLES - POTENTIAL QUESTIONS THAT MAY BE ASKED OF DRIVER/STAFF</i>				
	10	20(6)	Do you smoke while transporting children?	
	10	20(8)	If you must leave the vehicle, what do you do? Do children remain seated while the vehicle is in motion? How do you ensure this?	
<i>OUTSIDE AREA - OBSERVATION</i>				
	10	7(1)	direct supervision	
	10	7(2)	meet needs of children	
	10	12(5)(d)	animal excrement, harmful objects, standing water	
<i>REQUIREMENTS AND TRAINING - POTENTIAL QUESTIONS THAT MAY BE ASKED OF STAFF IF FURTHER CLARIFICATION IS NEEDED</i>				
	10	430-6-5(3)	Did you complete a BCI form when hired?	
	10	24(8)	Openers and Closers (any one alone with children): Do you have current First Aid and CPR certification?	
	10	20(4)	Drivers: Do you have current First Aid and CPR certification?	

/	#	R430-100-	KEY WORDS	NOTES
POTENTIAL QUESTIONS THAT MAY BE ASKED OF DIRECTOR				
	10	11(4)	What is the center's practice when some one unknown arrives to pick up a child?	
	10	11(6)	What is the practice if there is a life-threatening injury to a child?	
	10	12(8)	What are the ratios for off-site activities?	
	10	12(8)(e)	How do you identify children when they are away from the center?	
	10	12(8)(f)	Are children's names on the identifiers?	
	10	12(9)	Do care givers remain at pools with the children?	
	10	17(2)(3)	What discipline methods are used at the center?	
	10	18(6)(e)	How do you notify staff of children's allergies and food sensitivities?	
	10	24(4)	How do you ensure the center has a working telephone?	
	10	16(3)	What is the center's policy on firearms or weapons in the facility?	